Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information.	
a. Identify the project leader(s) and respective business affiliations.	James L. Hillman, Director – Finance, Communicare, Inc. Gary D. Campbell, Director – Operations, Communiare, Inc.

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.	Address:	Communicare, Inc. 107 Cranes Roost Ct. Elizabethtown, KY 42701
	Telephone:	(270) 765-2605
	Fax:	(270) 769-0836
	E-mail:	gcampbell@communicare.org jhillman@communicare.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.	Communicare, Inc. 107 Cranes Roost Ct. Elizabethtown, KY 42701
d. Explain how project is being coordinated throughout the state or region.	Since this project only includes two entities in eight counties, Communicare and Lincoln Trail District Health Department, coordination is accomplished through a small working group.

2. Identify all health care facilities included in the network.
a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

Communicare facilities:

Administration 107 Cranes Roost Court Elizabethtown, KY 42701 Hardin County 270-765-2605 Census Tract #: 0012.00 RUCA Codes: 1/1.0	Adult Stabilization Unit 100 Gray Street Elizabethtown, KY 42701 Hardin County 270-765-2605 Census Tract #: 0012.00 RUCA Codes: 1/1.0	Regional MR/DD 320 Ring Road Elizabethtown, KY 42701 Hardin County 270-769-3377 Census Tract #: 0017.00 RUCA Codes: 2/2.1
Elizabethtown Clinic 1311 North Dixie Elizabethtown, KY 42701 Hardin County 270-769-1304 Census Tract #: 0012.00 RUCA Codes: 1/1.0	Radcliff Clinic 1072 South Dixie Ave. Radcliff, KY 40160 Hardin County 270-351-8166 Census Tract #: 0007.00 RUCA Codes: 1/1.0	Radcliff Industries 1633 North Logsdon Radcliff, KY 40160 Hardin County 270-3519114 Census Tract #: 0003.00 RUCA Codes: 1/1.0
Bardstown Clinic 331 South 3rd Street Bardstown, KY 40004 Nelson County 502-348-6485 Census Tract #: 9904.00 RUCA Codes: 4/4.2	Nelson County Industries 801 Allison Ave. Bardstown, KY 40004 Nelson County 502-348-2481 Census Tract #: 9903.00 RUCA Codes: 4/4.2	Lebanon Clinic 65 Old Springfield Road Lebanon, KY 40033 Marion County 270-692-2509 Census Tract #: 9702.00 RUCA Codes: 7/7.0
Marion County Industries 516 Workshop Lane Lebanon, KY 40033 Marion County 270-692-9237	Washington County Industries 825 Walnut St. Springfield, KY 40069 Washington County 859-336-7746	Hardinsburg Clinic 607 Old Highway 60E Hardinsburg, KY 40143 Breckinridge County 270-756-5816

Census Tract #: 9702.00 RUCA Codes: 7/7.0	Census Tract #: 9802.00 RUCA Codes: 10/10.5	Census Tract #: 9602.00 RUCA Codes: 10/10.0
Breckinridge County Industries 207 Fairground Road Hardinsburg, KY 40143 Breckinridge County 270-756-5272 Census Tract #: 9602.00 RUCA Codes: 10/10.0	Leitchfield Clinic 300 South Clinton St. Leitchfield, KY 42754 Grayson County 270-259-4652 Census Tract #: 9503.00 RUCA Codes: 7/7.0	Grayson County Industries 801 Commerce Dr. Leitchfield, KY 42754 Grayson County 270-259-4469 Census Tract #: 9505.00 RUCA Codes: 8/8.0
Brandenburg Clinic 2075 Bypass Plaza, Ste 104 Brandenburg, KY 40108 Mead County 270-422-3971 Census Tract #: 9704.00 RUCA Codes: 10/10.1	MARC Industries 1895 Brandenburg Road Brandenburg, KY 40108 Mead County 270-422-3412 Census Tract #: 9704.00 RUCA Codes: 10/10.1	

Lincoln Trail District Health Department facilities:

Lincoln Trail District Health Department 108 New Glendale Road Elizabethtown, KY 42701 Hardin County 270-769-1608 Census Tract #: 0015.00 RUCA Codes: 1/1.0	Hardin County Health Center Elizabethtown 580 Westport Road Elizabethtown, KY 42701 Hardin County 270-769-6196 Census Tract #: 0014.00 RUCA Codes: 1/1.0	Hardin County Health Center Radcliff 1463 North Wilson Road Radcliff, KY 40160 Hardin County 270-352-2526 Census Tract #: 0005.00 RUCA Codes: 1/1.0
Nelson County Health Center 325 South Third St. Bardstown, KY 40004 Nelson County 502-348-3222 Census Tract #: 9904.00 RUCA Codes: 4/4.2	Marion County Health Center 516 North Spalding Ave. Lebanon, KY 40033 Marion County 270-692-3393 Census Tract #: 9702.00 RUCA Codes: 7/7.0	Grayson County Health Center 124 East White Oak Street Leitchfield, KY 42754 Grayson County 270-259-3141 Census Tract #: 9503.00 RUCA Codes: 7/7.0
Meade County Health Center Highway 1692-Fairway Drive Brandenburg, KY 40108 Meade County 270-422-3988 Census Tract #: 9704.00 RUCA Codes: 10/10.1	Larue County Health Center 215 East Main St. Hodgenville, KY 42748 Larue County 270-358-3844 Census Tract #: 9601.00 RUCA Codes: 7/7.3	Washington County Health Center 302 East Main St. Springfield, KY 40069 Washington County 859-336-3980 Census Tract #: 9802.00 RUCA Codes: 10/10.5

b. For each participating institution, indicate whether it is: i. Public or non-public; ii. Not-for-profit or for-profit; iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.	NOTE: All institutions/locations are non-public, not-for-profit, and eligible health care providers.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring; b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds; c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2; d. Number of miles of fiber construction, and whether the fiber is buried or aerial; e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.	Have not begun competitive bidding process – to be determined.
4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.	
a. Health care provider site; b. Eligible provider (Yes/No); c. Type of network connection (e.g., fiber, copper, wireless); d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); f. Gateway to NLR, Internet2, or the Public Internet (Yes/No); Federal Communications Commission FCC 07-198 74 g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number. h. Provide a logical diagram or map of the network.	Have not begun process – to be determined.
5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.	
a. Network Design b. Network Equipment, including engineering and installation c. Infrastructure Deployment/Outside Plant i. Engineering ii. Construction d. Internet2, NLR, or Public Internet Connection e. Leased Facilities or Tariffed Services f. Network Management, Maintenance, and Operation Costs (not captured elsewhere) g. Other Non-Recurring and Recurring Costs	Have not begun process – to be determined.
6. Describe how costs have been apportioned and the sources of the funds to pay them:	
a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants. b. Describe the source of funds from: i. Eligible Pilot Program network participants ii. Ineligible Pilot Program network participants c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants). i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund	Have not begun process – to be determined.

and by Pilot Program participants. ii. Identify the respective amounts and remaining time for such assistance. d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.	

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

There are no plans to connect any ineligible entities.

8. Provide on update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and	This project is a joint venture between Communicare, Inc. and LTDHD. Decision making involving the overall project and integration of telemental and telehealth services between organizations will be accomplished by a joint working group. Project planning, organizing, directing, coordinating, and evaluating functions effecting internal decision making will be accomplished by each organizations project management teams Needs determination and project implementation will be accomplished by the Project Working Group, which consists of the following members: **Communicare:** • James Hillman, Director – Finance (Project Coordinator) • Gary Campbell, Director- Operations (Assistant Project Coordinator) • Lance Heffer, Director-Mental Health Clinical Services • John Lyon, Specialist – Information Technology • Kristy McGrew, Assistant to the CEO **Lincoln Trail District Health Department:** • Linda Sims MSN, Director LTDHD • Shelly Greenwell BSN, Director Diabetes Center of Excellence & Chronic Disease • Glenda Bastin BSN, MS, Director of Nursing • Stefanie Goff MSN, Clinical Director Hardin County Health Center • Dave Johnson, Director Information Management Systems • Jane Cornell, Director Clinical Administration
b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.	Communicare will provide virtual presence communication-based videoconferencing and training services at seventeen (17) community mental health facilities throughout the region for people needing access to mental health services. Pipelines funded by the Federal Communications Commission's (FCC's) Rural Healthcare Pilot Program will interconnect existing client service buildings. Communicare's Mental Health Clinics, Crisis Unit, Mental Retardation/Developmental Disabilities Directorate Sheltered Workshops, and Administration facilities will be interconnected with each other on a region-wide broadband network with further interconnection capabilities to nine Lincoln Trail District Health Department facilities in seven of the Region's counties. Interconnection will be accomplished with a network of point-to-point T-1

	lines to our MIS Department at Administration, with the main purpose of providing necessary bandwidth for video therapy and conferencing.
	Lincoln Trail District Health Department will provide virtual presence communication-based videoconferencing and training services at nine (9) public health facilities. Equipment funded by the Federal Communications Commission's (FCC's) Rural Healthcare Pilot Program will interconnect existing client service buildings to the District Office as follows: Grayson County Health Center, Hardin County Health Center – Elizabethtown, Hardin County Health Center – Radcliff, Meade Country Health Center, Larue County Health Center, Nelson Country Health Center, Marion County Health Center, and Washington Country Health Center. LTDHD health centers will be interconnected with the Communicare facilities in the above paragraph through a point-to-point T-1 connecting both agency Administration facilities.
	Current plan is to conduct an internal pilot during FY 2009. This will involve establishing point-to-point connections between one Communicare facility and Communicare Administration, one point-to-point connection between one LTDHD facility and LTDHD Administration, and one point-to-point connection between the Communicare and LTDHD Administration facilities.
	Have not yet begun process. Timelines have not yet been determined.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Since our network will basically be a network of point-to-point T1s, we believe operating cost can be sustained by savings in provider time and travel.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application; b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute; c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities; d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information; e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.	Have not begun process – to be determined.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary; b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology; c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations; d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology; e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.	Have not begun process – to be determined.
12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.	
Have not begun process – to be determined.	